

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155738		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/09/2011	
NAME OF PROVIDER OR SUPPLIER MILTON HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 206 E MARION ST SOUTH BEND, IN46601			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/09/11</p> <p>Facility Number: 001141 Provider Number: 155738 AIM Number: 200905640</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Milton Home was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. Resident rooms 118 thru 127 located on the first floor of the</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>1975 building addition were surveyed with Chapter 19, Existing Health Care Occupancies</p> <p>The nursing addition of the facility is a partially sprinklered, two story facility with an unsprinklered basement and was determined to be of Type II (111) construction. The original building was constructed in 1952 with the nursing addition added in 1975 located on the first and second floors. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 34 and had a census of 25 at the time of this survey.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 08/18/11.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p>						

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K0064 SS=B	<p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 portable fire extinguishers in the kitchen was readily identified as a secondary backup to the automatic fire suppression system. NFPA 10, 1998 Edition, 2-3.2.1 requires fire extinguishers to include a conspicuously placed placard which states the automatic fire protection system is to be activated before using the fire extinguisher. This deficient practice affects all staff in and near the kitchen.</p> <p>Findings include:</p> <p>Based on observation with the maintenance supervisor on 08/09/11 at 3:45 p.m., a placard was</p>		K0064	<p>A bilingual placard is in place stating, "Caution, In case of appliance fire, actuate fixed suppression system before using extinguisher".An environmental audit has determined that this deficient practice does not exist any where else in the facility.To assure that this deficient practice does not recur, The Director of Maintenance will verify that the sign is still posted each month when inspecting the fire extinguishers. Additionally, all staff will be inserviced on the need to activate the automatic fire suppression system prior to using the portable extinguisher in the kitchen. The results of the monthly inspections will be reported to the Quality Assurance Committee quarterly.</p>		09/08/2011	

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K0154 SS=C	<p>not placed near the Class K extinguisher in the kitchen. The maintenance supervisor acknowledged there was no placard placed near the fire extinguisher.</p> <p>3.1-19(b)</p> <p>Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed to protect 34 of 34 residents in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC, 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25,</p>			K0154	<p>The facility's policy regarding the loss of the fire detection system has been revised to include the automatic sprinkler system. By revising this policy, all other residents who could have been affected by this deficient practice has been corrected. Additionally, all staff will be inserviced on the policy revision regarding the loss of the automatic sprinkler system and implementing a fire watch. This information will be provided to all new hires and annually to all other staff. The Quality Assurance Committee will review each occurrence, as it happens, of the loss of the alarm system and/or</p>		09/08/2011

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	<p>Standard for Inspection, Testing and Maintenance of Water Based Fire Protection Systems. NFPA 25, 11-5(d) requires the local fire department to be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also to be notified. This deficient practice could affect all occupants in the facility including residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's policy and procedure book with the maintenance supervisor on 08/09/11 at 2:35 p.m., the fire watch procedure for an out of service automatic sprinkler system was missing. The facility had a policy and procedure for an out of service fire alarm system which did not include the sprinkler system. The maintenance supervisor stated at the time of record review, no</p>				<p>sprinkler system to assure the policy is followed.</p>		

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K0155 SS=C	<p>other policy or procedure was available to review.</p> <p>3.1-19(b)</p> <p>Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>9.6.1.8</p> <p>Based on record review and interview, the facility failed to provide a complete written policy containing procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a 24 hour period to protect 34 of 34 residents in accordance with LSC Section 9.6.1.8. LSC 19.7.1.1 requires every health care occupancy to have in effect and available to all supervisory personnel a plan for the protection of all persons. All employees shall</p>			K0155	<p>The facility's policy regarding the loss of the fire detection/sprinkler system has been revised to include notifying the authority having jurisdiction (local fire department) and their telephone number. By revising the policy, all other residents who could be affected by this deficient practice have been corrected.</p> <p>Additionally, all staff will be inserviced on the policy revision regarding notifying the authority having jurisdiction (local fire department). This information will be provided to all new hires and annually to all other staff. The Quality Assurance Committee will review each occurrence, as it happens, to assure the authority having jurisdiction is notified in the event of the loss of the fire</p>		09/08/2011

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	<p>periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's policy and procedure book with the maintenance supervisor on 08/09/11 at 2:35 p.m., the fire watch procedure for an out of service automatic alarm system was not complete. The procedure lacked the required telephone number for the local fire</p>				detection/sprinkler system.		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K0000	<p>department. The maintenance supervisor stated at the time of record review, he had no other policy or procedure available to review.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 08/09/11</p> <p>Facility Number: 001141 Provider Number: 155738 AIM Number: 200905640</p> <p>Surveyor: Richard D. Schade, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Milton Home was found in substantial compliance with</p>			K0000			

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	<p>Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. Resident rooms 218 thru 227 located on the second floor of the 1975 building addition were surveyed with Chapter 18, New Health Care Occupancies</p> <p>The nursing addition of the facility is a partially sprinklered two story facility with an unsprinklered basement and was determined to be of Type II (111) construction. The original building was constructed in 1952 with the nursing addition added in 1975, located on the first and second floors. The facility has a fire alarm system with smoke detection in the corridors, resident sleeping rooms and spaces open to the corridors. The facility has a capacity of 34 and had a census of 25 at the time of this survey.</p>						

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K0154 SS=C	<p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1</p> <p>Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed to protect 34 of 34 residents in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC, 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25,</p>			K0154	<p>The facility's policy regarding the loss of the fire detection system has been revised to include the automatic sprinkler system. By revising this policy, all other residents who could have been affected by this deficient practice has been corrected. Additionally, all staff will be inserviced on the policy revision regarding the loss of the automatic sprinkler system and implementing a fire watch. This information will be provided to all new hires and annually to all other staff. The Quality Assurance Committee will review each occurrence, as it happens, of the loss of the alarm system and/or</p>		09/08/2011

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	<p>periodically be instructed and kept informed with respect to their duties under the plan. The provisions of 19.7.1.2 through 19.7.2.3 shall apply. 19.7.2.2 requires all fire safety plans to provide for the use of alarms, the transmission of the alarm to the fire department and response to alarms. 19.7.2.3 requires health care personnel to be instructed in the use of a code phrase to assure transmission of the alarm during a malfunction of the building fire alarm system. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of the facility's policy and procedure book with the maintenance supervisor on 08/09/11 at 2:35 p.m., the fire watch procedure for an out of service automatic alarm system was not complete. The procedure lacked the required telephone number for the local fire</p>				detection/sprinkler system.		

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